MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

CERTIFICATE OF DEATH

05478

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Near Oakland, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: West Va. County:

City or town: Grafton Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Roy Lee Austin.

3. (b) Social Security Number: 232-24-0837 (Ross) None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 6-14 1919

8. AGE: Years	Months	Days	If less than one day
20	11	6	hrs. min.

9. Birthplace: Grafton West V a.
(Town, county, and state)

10. Usual occupation: Pilot Airplane.

11. Industry or business:

FATHER 12. Name: Oakley Austin
13. Birthplace: West Va.

MOTHER 14. Maiden name: Ocean Hauser.
15. Birthplace: Wesy V a.

16. Informant: Mrs. Ocean Austin
Address: G rafton West Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 22d 1940 (month) (day) (year)

Cemetery or crematory: Knottsville Cemetery
Location: Grafton W. Va.

18. Funeral director: Emroy Bobden
Address: Oakland. Md.

19. May, 20, 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 20 1940, and that I last saw h- alive on 19.

Immediate cause of death: accident -

DURATION

Due to: Air Plane crash

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of: 5-20-40

Where did injury occur? Near Oakland (City or town) Garrett (County) Md. (State)

Injured at home, farm, industry, public place (where?): Public - Red Hous, Md.

Means of injury: Airplane Crash. Injured at work? Yes.

23. SIGNATURE: A. E. Mance, M.D.
M. D. or other

Address: Oakland Md. Date signed: 5-20-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

CERTIFICATE OF DEATH

05479

Reg. Dist. No. 166

1. PLACE OF DEATH:
County: Garrett
City or town: Near Oakland, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: West Va. County:
City or town: Grafton, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Vernon E. Ball.

3. (b) Social Security Number: 236-12-8264

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 7-1-1917.

8. AGE: Years: 22 | Months: 10 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: Grafton, W. Va.
(Town, county, and state)

10. Usual occupation: Radio Shop

11. Industry or business:

FATHER
12. Name: O. V. Ball.
13. Birthplace: West Va,

MOTHER
14. Maiden name: Nellie A. DeMoss.
15. Birthplace: West, Va.

16. Informant: O. V. Ball.
Address: Grafton W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 22d, 1940 (month) (day) (year)
Cemetery or crematory: Woodsdale Memorial Park,
Location: Grafton, W. Va.

18. Funeral director: Emroy Bolden
Address: Oakland. Md.

19. May 20, 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20 1940, at 8:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-20- 1940, to 5-20 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Accident	
Due to air plane Crash	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 5-20-40
Where did injury occur? Near Oakland (City or town) Garrett (County) Md. (State)
Injured at home, farm, industry, public place (where?) Cabin - Rd House Md.
Means of injury: air plane Crash Injured at work? yes.

23. SIGNATURE: A. E. Meares, M.D.
M. D. or other
Address: Oakland, Md. Date signed: 5-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (74a)

Reg. Dist. No. 166

CERTIFICATE OF DEATH

05480

1. PLACE OF DEATH
(a) County Garrett
(b) City or town Rural Oakland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in this community (yrs., mos., or days) 57 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland. (b) County Garrett
(c) City or town Rural Oakland (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Mi. So. Oakland, Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Arthur Thomas Bernard

3 (b) If veteran, name war -----

3 (c) Social Security No. -----

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Edna (Welch) Bernard

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) July 16, 1882

8. AGE: Years 57 | Months 10 | Days 10 | If less than one day ---- hr. ---- min.

9. Birthplace Oakland, Garrett Co., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Norman Bernard
13. Birthplace Garrett Co., Md.

MOTHER
14. Maiden Name Mollie Winters
15. Birthplace Preston Co., W. Va.

16 (a) Informant Mrs. Gertrude Krontz
(b) Address Oakland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Pleasant Valley
Location 3 Miles So. Oakland, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) May 29, 1940 (Date rec'd by registrar) Julien Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death May 27, 1940, at 5:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1940, to May 27 1940, and that I last saw him alive on May 27 1940.

Immediate cause of death	Duration
Acute myelogenous Leukemia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford P. Berger M.D. (M. D. or other)
Address Oakland, Md. Date signed May 29 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d)

Reg. Dist. No. 166

05481

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Garrett

(b) City or town (Rural) Mt. Lake Park
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: ------

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in this community (yrs., mos., or days) 58 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Garrett

(c) City or town (Rural) Mt. Lake Park
(If outside city or town limits, write RURAL and give town)

(d) Street No. -----
(If rural give location)

(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Victoria Belle (Bernard) Bittinger

3 (b) If veteran, name war -----

3 (c) Social Security No. -----

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Orval Carlton Bittinger

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1881

8. AGE: Years 58 | Months 7 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace R. D. Mt. Lake Park; Garrett Co. Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER
12. Name Norman Bernard
13. Birthplace Garrett Co., Md.

MOTHER
14. Maiden Name Mollie Winters
15. Birthplace Preston Co., W. Va.

16 (a) Informant Orval C. Bittinger
(b) Address Mt. Lake Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Pleasant Valley
Location 2 Mi. So. Mt. Lake Park, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) May 13/1940 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death May 12, 1940, at 5:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29, to May 12 1940, and that I last saw him alive on May 6 1940

Immediate cause of death Myocarditis Chronic

Due to

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. C. Hinebaugh
M. D. or other

Address Oak Land Date signed May 12-40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05482

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garrett

City or town Rural JENNINGS
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Rural - Jennings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1½ miles S. of Jennings
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME MELVIN PAUL HOOVER

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28, 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Near Jennings, Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Herbert Clifford Hoover
13. Birthplace Jennings, Md.

MOTHER
14. Maiden name Virgie Marie Bittinger
15. Birthplace Jennings, Md.

16. Informant Herbert C. Hoover,
Address Jennings, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29, 1940 (month) (day) (year)

Cemetery or crematory Simon Hoover Cemetery

Location Near Jennings, Md.

18. Funeral director Herbert C. Hoover, father.
Address Jennings, Md.

19. 5-29 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Still born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clyde F. Bender, Local Registrar M. D. or other

Address Grantsville, Md. Date signed 5-29-40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176)

05483

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH:

County Garrett

City or town Bloomington - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 18 do.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Overlea, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph William Kemper

3. (b) Social Security Number 222-05-0025

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Catherine Kemper

6(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1897

8. AGE: Years 43 | Months 4 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Freedom - Beaver - Penn.
(Town, county, and state)

10. Usual occupation Drag-line operator

11. Industry or business Dam-site

FATHER
12. Name Frank J. Kemper
13. Birthplace Cincinnati, Ohio

MOTHER
14. Maiden name Bertha Workman
15. Birthplace Mt. Pleasant, Pa.

16. Informant Frank J. Kemper

Address Hillsburg, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 20, 1940 (month) (day) (year)

Cemetery or crematory Brook Cemetery

Location Hillsburg, W. Va.

18. Funeral director D. S. Boal

Address Westernport, Md.

19. May 18 1940 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1940, to May 17 1940, and that I last saw h[illegible] alive on arrival 19

Immediate cause of death Crushing injury to left chest wall. Fractured skull

Due to Crushed by drag line (crane)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident (Savage River Dam) Date of May 17-1940

Where did injury occur? Luke (City or town) Garrett (County) Md (State)

Injured at home, farm, industry, public place (where?) Savage River Dam

Means of injury Drag line hand over on [illegible] Injured at work? Yes

23. SIGNATURE E. Irving Baum gartner M.D. M. D. or other

Address Oakland Md Date signed 5/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

05484

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Adam Young Lissinger

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Henrietta Lissinger

6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug. 18 - 1884

8. AGE:

Years	Months	Days	If less than one day
55	9	7	____ hrs. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Louis Lissinger
13. Birthplace Md

MOTHER
14. Maiden name Leah Harmon
15. Birthplace Md

16. Informant Mrs Adam Lissinger
Address Friendsville Md

17. ____ (Burial, cremation, or removal. Which?) Date thereof 5-29-40 (month) (day) (year)
Cemetery or crematory Emanuel Lutheran
Location Accident

18. Funeral director W. T. Savage
Address Friendsville Md

19. 5/29 1940 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Coronary occlusion — DURATION

I was attending Dr. Glover's practice
~~Due to~~ in his absence & he had been
attending deceased for some time
~~Due to~~ but I did not see him until
after death. Dr. Glover is
Other conditions still absent.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. D. Brown M.D. M. D. of other
Address Friendsville Md Date signed 5/30/40

RECEIVED
JUN 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 05485

1. PLACE OF DEATH:

County Garrett

City or town Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 41 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John Allen Long

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Saint Isle Welsh Abernathy Long

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 22, 1869

8. AGE: Years 71 Months 2 Days 4 If less than one day ____ hrs. ____ min.

9. Birthplace Warren County, Iowa
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Alexander Long
13. Birthplace Virginia

MOTHER
14. Maiden name Emma Richardson
15. Birthplace Virginia

16. Informant John R. Long
Address Sipesville, Penna

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof May 29, 1940
(month) (day) (year)

Cemetery or crematory Hamill's Cemetery

Location Kitzmiller, Md.

18. Funeral director Otha F. Sharpless
Address Blaine, W. Va.

19. 5-28 1940 A.W. Barrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 4:12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1935, to May 26 1940, and that I last saw him alive on May 26 1940.

Immediate cause of death	DURATION
Acute Myocarditis	1 week
Due to Auricular Fibrillation	1935
Due to Hypertension	1930?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Ralph Calandrella M.D.
M. D. or other

Address Kitzmiller, Md Date signed May 27-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

05486

Reg. Dist. No. 163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Swanton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 26 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garrett

City or town Swanton R D 2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Susan O Hare

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Wm O Hare

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 - 1864

8. AGE: Years	Months	Days	If less than one day
85	11	16	hrs. min.

9. Birthplace Rural Near Grantsville Garrett Co Md

(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER

12. Name Wm Hare

13. Birthplace Schellsburg Pa

MOTHER

14. Maiden name Dorthy Broadwater

15. Birthplace Garrett Co Md

16. Informant James A O Hare

Address Swanton R D 2 Md

17. Burial Date thereof 5 - 19 - 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mill Cemetary

Location Swanton R. D. 2 Md

18. Funeral director Wm Winterberg

Address Grantsville Md

19. May 18 1940 Dorsey Pattison

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th 1940, at 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940, to May 17 1940

and that I last saw h alive on May 15 1940.

	DURATION
Immediate cause of death Uremia	5 days
Due to Radio Renal disease	5 yrs
Due to	
Other conditions Arteriosclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Swanton Md Date signed

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JUN 5 1940
BUREAU V. S.

05487

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:
County: Garrett
City or town: Near Friendsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: John Wesley Savage
3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife: Virginia Savage
6 (c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Apr 10 – 1863
8. AGE: Years 77 | Months 1 | Days 7 | If less than one day ____ hrs. ____ min.
9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business
FATHER
12. Name: Jerry Savage
13. Birthplace: Md
MOTHER
14. Maiden name: Mary Whetstone
15. Birthplace: Md
16. Informant: Clarence Savage
Address: Markleysburg Pa
17. ____ (Burial, cremation, or removal, Which?) Date thereof: May 19 – 1940 (month) (day) (year)
Cemetery or crematory: Sand Spring
Location: Near Friendsville Md
18. Funeral director: H. W. Savage
Address: Friendsville Md
19. May 19 1940 (Date rec'd by registrar) Jeannette Stalter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1940, at 3:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1939, to May 12 1940, and that I last saw him alive on May 12 1940.
Immediate cause of death: Heart disease, valvular
Due to: Ar
Anasarca
Due to: Hernia, right, very large
Other conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work? ____

23. SIGNATURE: R. D. Brown, M.D. (M. D. or other)
Address: Friendsville, Md Date signed: 5/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83b)

CERTIFICATE OF DEATH

05488

Reg. Dist. No. 166

1. PLACE OF DEATH:
County Garrett
City or town Deer Park, M d.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland, County G arrett
City or town Deer Park, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Thrasher.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F emale	White	Widowed

6 (b) Name of husband or wife William W. Thrasher.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) O ctober 6th 1863

8. AGE: Years	Months	Days	If less than one day
77	7	18	____ hrs. ____ min.

9. Birthplace Piedmont, W. Va.
(Town, county, and state)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name John Jankey.
13. Birthplace Germany.

MOTHER
14. Maiden name Martha Martin .
15. Birthplace G ermany.

16. Informant Harry V. Thrasher.
Address Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27th, 1940 (month) (day) (year)
Cemetery or crematory Deer Park, Cemetery.
Location Deer Park, Maryland.

18. Funeral director Emroy D. Bolden.
Address Oakland, Maryland.

19. May 26 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th, 1940 at 9:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 25 1940, and that I last saw her alive on May 20 1940.

Immediate cause of death	DURATION
Arteriosclerosis	
Due to Cerebral Embolism	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. E. Mann, M.D.
M. D. or other
Address Oakland, Md Date signed 5/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05489

1. PLACE OF DEATH (52-a)

County GARRETT Registration Dist. No. 162

Village or City Near Jennings No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE YOMMER

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HENRY YOMMER

6. DATE OF BIRTH (month, day, and year) AUG 1 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year) MAY 22 1940

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) GARRETT CO Md (State or country)

FATHER

13. NAME JACKSON STANTON

14. BIRTHPLACE (city or town) GARRETT CO Md (State or country)

MOTHER

15. MAIDEN NAME MARGARET DEFENBACH

16. BIRTHPLACE (city or town) GARRETT CO Md (State or country)

17. INFORMANT Mr. Henry Yommer (Address) Grantsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Grantsville md Date May 26, 1940

19. UNDERTAKER Stanley M Thomas (Address) Salisbury Pa

20. FILED 5-23, 1940 Clyde F. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH MAY (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from FEB 22, 1940, to MAY 22, 1940

I last saw her alive on MAY 21, 1940; death is said to have occurred on the date stated above, at 3:20 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of left kidney	?
Other **Contributory Causes** of importance: Arteriosclerosis	?

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) O H Hoke M. D.

(Address) SALISBURY PA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN